AYCE EMPLOYMENT SERVICES

AYCE is a division of TROPICANA COMMUNITY SERVICES

Pre-apprenticeship Training for Auto Body and Collision Damage Repair

Application Form

APPLICATION CHECKLIST

- **Application package** ***(all fields must be completed for application to be accepted)***
- **Essay**
- **High School transcripts**
- **Copy of a valid driver's license**
- **Identification**

Administration Only

First Interview Notes

Second Interview Notes

Committee Notes

X_____

Marc Tremblay
Program Coordinator for Pre-Apprenticeship Auto Body and Collision Damage Repair

This Pre-apprenticeship Training Program is funded by the Government of Ontario.

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Application Form

Personal Information

Last Name: | First Name:

Address (Apt #, Street Address , City)

Postal Code: | Telephone no.: | Cell:

E-Mail:

Date of Birth (mm/dd/yyyy): | Gender: ☐ Male ☐ Female

Are you legally entitled to work in Canada? Yes ☐ No ☐

Do you have a Social Insurance Number (SIN)? Yes ☐ No ☐

If you do not have a SIN #, have you applied for one? Yes ☐ No ☐

Employment History

Have you had paid employment in Canada? Yes ☐ No ☐

Have you had paid employment outside Canada? Yes ☐ No ☐

List below all work you have done, including volunteer work. Start with the most recent job/volunteer activity.

From Day | Month | Year | to Day | Month | Year | Company:

Job Title/Duties: | Reasons for leaving:

From Day | Month | Year | to Day | Month | Year | Company:

Job Title/Duties: | Reasons for leaving:

From Day | Month | Year | to Day | Month | Year | Company:

Job Title/Duties: | Reasons for leaving:

Education and Training History

Country in which Highest Education Level was attained: ☐ Canada ☐ Other *Specify:*

Highest level COMPLETED

Grade 0 - 8 ☐

High School

☐ Grade 9 ☐ Grade 10 ☐ Grade 11
☐ Grade 12 (or equivalent) ☐ OAC

Community College | **University**

☐ Year 1 ☐ Year 3 | ☐ Year 1 ☐ Year 2
☐ Year 2 ☐ Year 4 | ☐ Year 3 ☐ Year 4

☐ Trade Certificate

Have you participated or do you participate in Ontario Youth Apprenticeship Program (OYAP) ? ☐ Yes ☐ No

Are you returning to school? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

If 'Yes" how many hours per week _____ hours

If "No" when did you last work ? Day | Month | Year

Source of Income

Current source(s) of income:

- ☐ Ontario Works (OW)
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Dependent of OW/ODSP
- ☐ Workplace Safety Insurance Board (WSIB)
- ☐ Employment Insurance (EI)
- ☐ No income
- ☐ Other _____

Identify any health issues or disabilities that would require job accommodation:

General Information

Please tell us why you want to enter a pre-apprenticeship training program for autobody and collision damage repair?

What experience do you have in an Auto shop?

How did you hear about AYCE and the Pre-apprenticeship program?

☐ Friends/Relatives ☐ AYCE Staff - Name: _____ ☐ Community Agency - Name: _____

☐ Ontario Works Office - Name: _____

☐ AYCE Website ☐ Other Website ☐ AYCE Outreach Material ☐ Flyer/Poster ☐ Display/AYCE Booth

☐ Newspaper ☐ Magazine ☐ TV ☐ Radio Name: _____

☐ Other Specify: _____

Confidentiality Clause: Consent to Release Information

I, _____, authorize Tropicana Community Services – AYCE
(Name of Organization)

or its authorized representative to share information, documents and/or records in their possession for the purpose of providing me with employment services. I also understand that this information may be used to generate statistical reports, measure program activities and/or for the Pre-apprenticeship program evaluation.

_____	_____	_____
Signature	Witness	Date

Essay

If selected, how do you plan to make this training program a success for you?